

Attachment B – Specifications

RFX No. 3000017215

TITLE: Tuberculosis Lab Testing for LDH

Tuberculosis Program Laboratory Testing

Fiscal Year 2022

Awardee must have the ability to provide all tests listed in lines 1 through 16, with the exception of lines 6 and 7, which are preferred, but not a requirement if the vendor does not have the testing ability.

The estimated duration of this purchase order is July 1, 2021 to June 30, 2022.

The quantity of individual tests listed is an estimate of total tests submitted in a year.

Vendor invoices should be sent on a monthly basis to the email addresses listed below.

The OPH Tuberculosis Control Program requires that all invoices be mailed to michael.lacassagne@la.gov and Janice.hingle@la.gov.

Specimen Retrieval Requirement

The vendor will provide specimen retrieval of all samples from OPH Public Health Units (PHUs) and clinics located around the state of Louisiana. Services should include daily pickup of samples, as needed. The vendor will provide transportation of these samples to their appropriate testing facilities. The included list contains the relevant PHUs and clinics with physical addresses and contact information.

Laboratory Reporting Requirement

The vendor must have an existing interface with the Office of Public Health's current version of the Electronic Health Record software (Intergrity by Greenway Health). Final results will be transferred to the OPH Electronic Health Record system.

Notification of critical values should be by phone within 24 hours of the final test results.

Contact Person for this Purchase Order

Michael Lacassagne

Program Director

OPH Tuberculosis Control Program

1450 Poydras St., Suite 1242

New Orleans, LA 70112

(504) 568-5010

(504) 568-5015

24 Hour Emergency (985) 807-8004

Fax (504) 568-5016

michael.lacassagne@la.gov

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Test Group 1

Therapeutic Drug Level Testing

Test to measure the concentration of medication in serum or plasma at a given time period after medication ingestion

Line 1. TB Drug Panel – 4 Drugs Isoniazid, Rifampin, Ethambutol, and Pyrazinamide
Serum or Plasma
Quantity: 175 Tests

Line 2. Isoniazid
Serum or Plasma
Quantity: 40 Tests
Equivalent Test Number: LabCorp 808376

Line 3. Rifampin
Serum or Plasma
Quantity: 40 Tests
Equivalent Test Number: LabCorp 809675

Line 4. Ethambutol
Serum or Plasma
Quantity: 175 Tests
Equivalent Test Number: Quest Diagnostics 92018

Line 5. Pyrazinamide
Serum or Plasma
Quantity: 40 Tests
Equivalent Test Number: Quest Diagnostics 92184

(Optional) If the vendor performs these tests (Lines 6 and 7)

Line 6. Rifabutin
Serum or Plasma
Quantity: 30 Tests
Equivalent Test Number: University of Florida Pharmacokinetics Lab RBN

Line 7. Moxifloxacin
Serum or Plasma
Quantity: 30 Tests
Equivalent Test Number: University of Florida Pharmacokinetics Lab MXFL

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Test Group 2

Liver Function Tests

Tests used to help diagnose and monitor liver disease or damage. The tests measure the levels of certain enzymes and proteins in blood.

- Line 8. AST (SGOT) Aspartate transaminase
 Serum or Plasma
 Quantity: 300
 Equivalent Test Number: LabCorp 001545

- Line 9. ALT (SGPT) Alanine transaminase
 Serum or Plasma
 Quantity: 300
 Equivalent Test Number: LabCorp 001123

- Line 10. Total Bilirubin
 Serum
 Quantity: 300
 Equivalent Test Number: LabCorp 001099

- Line 11. Creatinine
 Serum
 Quantity: 300
 Equivalent Test Number: LabCorp 001370

- Line 12. Uric Acid
 Serum
 Quantity: 300
 Equivalent Test Number: LabCorp 001057

- Line 13. ALT and AST Panel
 Serum
 Quantity: 1000

- Line 14. TB Panel (AST, Creatinine, Total Bilirubin, Uric Acid)
 Serum
 Quantity: 240
- Line 15. TB ALT Panel (AST, ALT, Bilirubin, Uric Acid, and Creatinine)
 Serum
 Quantity: 1200

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Test Group 3

Blood Glucose Level Test - HbA1c

Test to determine the amount of glucose attached to hemoglobin

Line 16. HbA1c
 Quantity: 200
 Equivalent Test Number: